

Telephone interview with CAPT Robert Mitchell, MC, USN (Ret.), participant in the “Thousand Aviator” study and former head of the Repatriated Prisoner of War program. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 8 January 2004.

Years ago, when I came to Pensacola and met you, you had told me a little bit about the “Thousand Aviator” project. I suspect that the project you had with the POWs grew out of that?

Yes, it did. It’s a takeoff on the Thousand Aviator study and, in fact, we’re still seeing Thousand Aviators piggy-backed on the POW program. It’s a rare week that I don’t have at least one or maybe two of the Thousand Aviators come in. Of course, there now averaging about 86 years of age.

Tell me about your own background, Dr. Mitchell. When did you join the Navy?

I came on active duty on the 4th of July, of all days, in 1947. I had been in the reserves while I was in medical school, but actually came on active duty in that year. I took my internship in San Diego.

Where did you go to medical school?

At McGill in Montreal.

Were you from Canada?

No. I was born in the good old navy city of San Diego.

And you decided to go to school in Canada. Why?

I had friends who were practicing in the San Francisco Bay area and they suggested that McGill would be a good place for me.

So, you left McGill after you graduated from medical school?

I went back to San Diego and had my internship and first year of residency at Naval Hospital San Diego. Although I had been in the reserves as soon as I came on active duty I became regular Navy. Subsequently, I had 45 years in uniform.

That might be pretty much a record, isn’t it?

I don’t know.

Where did you go from San Diego?

I went to Kwajalein in the Marshall Islands for duty out there. From there I went to Oak Knoll for my second and third years of residency. Then the Navy sent me to Walter Reed in Washington for a residency in cardiology. From there I went to the Naval Infirmary in Naples. From Naples, I came here and spent pretty much of the rest of my career here in Pensacola.

What year did you get to Pensacola?

In January 1955. I remember it very well because the temperature that day here was about 88 degrees.

Did you have a fascination with flight surgery?

That's another interesting story. While I was in Naples, Ashton Graybiel came there over Easter week of 1954 for a meeting. When he went to check in at his hotel, they didn't have the reservation for him, being Easter week, hotels were virtually impossible to get into. He then had gone up to the hospital to see if, by some chance, they would put him up there. When I came in on Sunday morning and was making rounds, I found him in a bed up on the ward. Rather than leave him at the hospital, we moved a bed down to our apartment and set him up in the dining room. He stayed with us that next week.

I got to know him fairly well during that time. I happened to know that he had been quite deeply involved in Thousand Aviators so I questioned him about them. As the discussion continued, he asked: "How would you like to come to Pensacola and work for me?" Of course, I jumped at the chance. So, he set it up and when I left Naples, I came here to Pensacola to work with him.

What do you remember about those early years at Pensacola working with Dr. Graybiel?

Those were outstanding years. Of course, he was a tremendous tutor in cardiology and internal medicine. He thought that if I were to work with him, however, I ought to go through the aviation medicine course. I went through that course and when I graduated, he had me moved over to his department.

That course, then, made you a full-fledged flight surgeon.

Yes.

Did you actually solo an aircraft?

Yes.

Did working with Dr. Graybiel mean doing mostly research?

Yes. In fact, he was a researcher and working on the Thousand Aviator program so that's what I immediately moved into.

As I understand, he had started that program back in . . .

In 1940.

And the intent was to monitor . . .

Well, the reason the program was set up in the first place was because there had been a tremendous attrition in the flight training program and they needed to find some way to weed out the people who were going to attrite. That's when they came up with what's called the AQT and the FAR--the Aviation Qualification Test and the Flight Aptitude Rating Test. The reason for the Thousand Aviators was to validate those two tests. They sent several of the classes that were in training here through the old School of Aviation Medicine and gave them those tests.

Several years later, Dr. Graybiel thought that it would really pay to try to follow these people insofar as possible, through their careers so he set up the Thousand Aviator program.

How did that program transition into the program that eventually developed to care for the returning POWs?

We had been following the Thousand Aviators over the years. I started working with him in '55 when I came to Pensacola and we were seeing them at 5-year intervals. When the word came that the North Vietnamese were going to repatriate the prisoners of war, our idea was: Why not just follow these people the same as we had been following the Thousand Aviators? That's exactly what happened.

A group of us got together at San Diego in '72 and planned the repatriation program, and based it strictly on what we had been doing with the Thousand Aviators.

What types of things did you think you were going to follow?

We were going to look at them both physically and psychologically. The programs were set up in such a way that about half the study was to be physical and the other half psychological.

Did you have to take staff from other places in order to do this?

We had pretty much our own staff here. We had the group that had been working with the Thousand Aviators. When we started in with the repatriates, we were pretty well set up to do it.

Did that POW program have a specific name or was it simply incorporated under the Thousand Aviator study?

It was called the Repatriated Prisoner of War Program.

Can you recall those days in 1973 when they came back to Clark Field.

They were brought from Hanoi to Clark, and were then farmed out to Navy, Army, and Air Force hospitals throughout the United States. Many of them went to the West Coast; many came to the East Coast.

Was the intention to put them in a hospital nearest their home.

Yes, near home.

There were obviously a lot of Navy and Air Force aviators. Were there other POWs also, who were not aviators?

Believe it or not, we had only one Navy enlisted man in the group. That was Doug Hegdahl. We did have, however, a number of enlisted Marines.

How did Hegdahl become a POW?

He had been stationed aboard the *Canberra* [CAG-2]. One night in the South China Sea he went up on deck just as they were firing off the big guns and the concussion knocked him overboard. He swam around for a few hours and was picked up by some Vietnamese fishermen and taken ashore.

That's a story in itself.

To tell the story about Doug and his time out there would take more time than, I'm sure, you want to take. It was fascinating.

Is he still around?

Yes. He's working at the SERE [Survival, Evasion, Resistance, Escape] School in San Diego. You ought to talk to Doug.

I will definitely do that.

He was a South Dakota farm boy as naive as they come.

I will look him up and I'll tell him that you sent me.

Yes, please do.

Where were you at the time the POWs were released in '73?

I was here in Pensacola.

Awaiting their arrival?

Well, actually we started seeing them in January of '74.

The planning you are talking about when you went to San Diego. What do you recall about how you planned for that? What were you planning to do once they came to Pensacola?

We had all three services--Navy, Army, and Air Force--plus a few others who were also captives. What we were interested in was what had happened to these people as a result of the captivity. In other words, did they have physical disabilities? Did they have psychological disabilities? Just how were they doing?

So that was your intent. To follow their experiences from the time they were captured. Did you plan to interview them?

Yes. Our psychiatric people were doing a big part of the interviewing. I was doing all the physical exams. In fact, I personally examined every man who came in annually up until about 1991. I didn't miss a man.

Overall, what shape were they in? I know it differed as far as how they were treated--those who were tortured and such.

They were doing surprisingly well. We expected that they would have many physical and psychological problems, but most came back in pretty good condition.

Did you see malnourishment?

To a degree. The malnourishment wasn't as much as one might have expected because the last year or so the North Vietnamese had started to feed them better and they weren't as bad off as they had been before.

Was there evidence of no medical treatment, or simply bad medical treatment?

Oh, yes. For example, people who had fractures had not been properly treated. During the time they were in captivity, they developed things like beriberi and skin diseases and that sort of thing, and were not treated properly; so there was some evidence of that when they came back. Some of them had horrendous orthopedic problems that had not been properly cared for.

I guess Senator McCain had his share of orthopedic problems.

Yes, he certainly did.

Did you examine him yourself?

Oh, yes.

He had a shoulder separation, I believe.

He had multiple injuries. Shoulder separations, fractures.

Do you recall any patients with very serious trauma?

One man's arm is foreshortened such that the hand is about halfway up the arm because the bones were broken. He had been badly injured when he ejected and when the Viets picked him up they thought that he was dead so they tossed him into a grave, and when they started to pour the dirt in on him he woke up and sat up. They pulled him out of the hole. He had severe injuries. Another man came back with a leg fracture that had not been treated properly. One leg was about 4 inches shorter than the other. He was eventually operated on and his good leg was shortened to match the bad leg. In fact, there were 103 of the men who had what we considered significant orthopedic problems.

Some of these orthopedic injuries could be repaired?

Yes. We had a very good orthopod working with us here for quite a long time--Joe Ricciardi. Joe is retired and is practicing up in Arkansas now. He was unusually good with these people and able to do a lot of repairs.

He sounds like someone I should talk to.

Joe would be interesting to talk to.

What was the dental condition of these people?

They weren't really that red hot. They needed dental work but not as much as I had expected.

Actually, when I interviewed CAPT Jack Fellowes, I asked him about the dental situation and he said they didn't get a lot of sugar in their diets. They had mostly rice and greens. And he said that there wasn't much that could harm one's teeth very badly.

As I said, dentally, we didn't see too much in the way of problems.

Psychologically, what shape were they in?

Surprisingly good. We expected they would come back with all sorts of problems but they did better than we expected. You ought to talk to Jeff Moore. Jeff is a psychologist, is retired, and working at NOMI.. He has worked with these individuals for a long time.

Do you attribute their surprising good mental status to the fact that they had developed such an effective communications system and supported each other while they were in prison?

There are several things that are interesting. One, we have seen more in the way of psychological problems in the enlisted group than in the officer group. We attribute that to the fact that the officers were better trained. Most of them were college graduates and were better

able to cope with the situation. I think that's why most of the aviators came back in pretty good condition. That's not to say, there weren't problems but certainly fewer than I initially expected.

Were there many in the enlisted group?

In addition to the aviators who were shot down, there were Marines and a few Army people in the group who were primarily picked up in South Vietnam and taken north.

In your project, did you also take care of Army and Air Force personnel?

When we did the planning in '72, the Army and the Air Force had their own programs. Unfortunately, the Army program petered out altogether after about a year because the fellow who was running the program decided that it was interfering with his practice. He recommended to their Surgeon General that the program be discontinued. The Air Force ostensibly had a program but if you talk to the Air Force people, you'll find that it didn't amount to much. I was seeing 16 of the Air Force people here. These fellows were coming in at their own expense from various areas and I'd run them through the program.

I should point out that, as far as the Navy and Marines were concerned, we were paying all their expenses, travel, and per diem. I tried for many years to get the Surgeons General of both the Army and Air Force to approve sending their people down here since they didn't have programs. It wasn't until about 5 years ago that Tom McNish, who was one of the Air Force POWs, who is now a physician himself, finally talked the Air Force Surgeon General into sending their people here. So, we now see all three services here at Pensacola. It's a tri-service effort. Tom is the chairman of the Veterans Administration committee on repatriated prisoners. Tom is another one who could give you some good stories. He lives in San Antonio.

In your program, did these men come to Pensacola for several days every year?

Yes. When we first started the program, we were bringing them in for a period of 5 days because we were doing some very special work on them. In the latter years, we pretty much dropped that down to . . . Well, some of them go through in 1 day; some 2 days; some of them 3 days, depending on what's being done.

When they first returned, what batteries of tests would you run them through?

Oh, gosh. The simplest way to answer that would be to send you a reprint that I have that lists all that stuff.

That would be great. I imagine you've written up this information in several journals.

Yes. But I have one in particular that lists all the tests that we've done.

Another question. Do you remember Paul Caudill?

Oh, Paul is a very close friend.

I've been trying to find him for some time without success.

Paul is practicing in Nashville, I think it's Nashville.

Years ago, when he was CO at NAMI, I was invited to a party he had at the quarters. He had several of the former POWs at that get together and he introduced me to

some of them. After everyone left, he asked me to stay for awhile and he took me up to his study and told me a story of how he had gone to Hanoi to help pick up the POWs. It was a very emotional experience for him telling me how he interacted with those men when they finally got on the plane and were headed home. I wanted to ask him about some of that but so far without success.

Paul, particularly, escorted Bob Flynn, a Navy commander who was one of the two POWs up in China. Bob and an Air Force colonel named Smith were both POWs. Paul went out and brought Bob back at the time he was repatriated. He went out to Hong Kong and met him there.

Do a lot of these men still come to see you?

Oh, yes. We have tremendous involvement on the part of these individuals.

I'm sure they're quite appreciative of the care they've gotten. I know that CAPT Fellowes has nothing but rave reviews and said that he had never gotten such good health care.

We certainly try to give them the best possible care.

You have certainly succeeded based on the testimonials. When did you retire?

Actually, I was retired three times and each time the board extended my time. When I finally really retired and took off the uniform, I set up a contract with the Navy, and I still work on that contract. I go into the office every day, or most days.

Aren't you also affiliated with the Museum of Naval Aviation?

Yes. I've been affiliated with the museum literally since it was in the Quonset hut.

So, even though you're retired in theory, you're really not retired at all.

No. I'm still working. They gave me a very nice office at NOMI.

You stay quite busy, then.

I try to.